



APPLICATION FOR ACTIVATION OF A COSMETOLOGY PROFESSIONAL LICENSE

State Form 49638 (3-00)

INDIANA PROFESSIONAL LICENSING AGENCY
302 W. Washington Street, Room E034
Indianapolis, Indiana 46204
(317) 232-2980

INSTRUCTIONS: 1. Complete the entire form.
2. Attach copies of your certificates of completion for sixteen (16) hours of continuing education.

APPLICANT INFORMATION	
Name of applicant	License number
Resident address (number and street, city, state, ZIP code)	
Telephone number ()	
Signature of applicant	Date (month, day, year)



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